

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

**Request to amend the name on a Class C Taxi
Certificate**

**Current Name: Captola Mason DBA C & J Airport
Transportation**

**BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA**

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 1999 - 80 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: *

Telephone: *

Address: *

Fax: *

Other: *

Email: *

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application - Class A/A Restricted
- ☐ Application - Class C Taxi
- ☐ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☐ Application - Class C Non-Emergency
- ☐ Application - Class C Stretcher Van
- ☐ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement

- ☒ Request for Name Change on Certificate
- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Preparing Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other: _____

RECEIVED
 2013 FEB 11 PM 12:36
 PUBLIC SERVICE
 COMMISSION

RECEIVED

FEB 12 2013

**PSC SC
MAIL / DMS**

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

241795

CLASS C AMENDMENT FORM

File the original with:

Public Service Commission of South Carolina
Clerk's Office
Motor Carrier Matters
P.O. Box 11649
Columbia, S.C. 29211
(803) 896 - 5100
FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, S.C. 29201
(803) 737-0578
FAX (803) 737-0815

DATE: FEBRUARY 12, 2013

I have the following Certificate:

- ☒ Class C Taxi # 6726-B ☐ Class C Charter # _____ ☐ Class C Charter Bus # _____
☐ Class C Non-Emergency # _____

Please consider this as my request for the following amendment(s) to my Certificate:

☒ **Name Change**

From: CAPTOLA MASON DBA: C & J AIRPORT TRANSPORTATION
(Current Name) (Current DBA if applicable)

TO: C & J AIRPORT TRANSPORTATION LLC DBA: N/A
(New Name) (New DBA if applicable)

☐ **Scope of Authority**
From: Not applicable To: _____
(Current Scope) (New Scope)

☐ **Passenger Limit**
From: Not applicable To: _____
(Current Limit Number) (New Limit Number)

Captola Mason DBA C & J Airport Transportation
Name & DBA if DBA is applicable

1555 Downing St
(Street and/or Mailing Address)

(City, State, Zip Code)

CHS SC 29407
(Signature)

(Telephone Number) Captola Mason
(Title) Owner, President, etc.

RECEIVED

FEB 12 2013

Revised 3-2-10

FEB 12 2013

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the 1976 South Carolina Code of Laws, as amended

1 The name of the limited liability company which complies with Section 33-44-105 of the South Carolina Code of 1976, as amended is C & J Airport Transportation LLC

2 The address of the initial designated office of the Limited Liability Company in South Carolina is

1555 DOWNING ST
Street Address
Charleston SC 29407
City Zip Code

3 The initial agent for service of process of the Limited Liability Company is

John Mason John Mason
Name Signature

and the street address in South Carolina for this initial agent for service of process is

1555 DOWNING ST
Street Address
Charleston SC 29407
City Zip Code

4 The name and address of each organizer is

(a) John Mason
Name
1555 DOWNING ST
Street Address
Charleston SC 29407
City State Zip Code

(b) _____
Name

Street Address City

State Zip Code

(Add additional lines if necessary)

5 ☐ Check this box only if the company is to be a term company. If so, provide the term specified

060822-0092 FILED 08/21/2006
C & J AIRPORT TRANSPORTATION LLC
Filing Fee \$110.00 ORIG



Mark Hammond

South Carolina Secretary of State

Name of Limited Liability Company

6 [] Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager.

(a)

Name _____

Street Address	City
----------------	------

City _____

State	Zip Code
-------	----------

Zip Code _____

(b)

Name _____

Street Address	City
----------------	------

City _____

State _____ Zip Code _____

Zip Code _____

(c)

Name _____

Street Address	City
----------------	------

City _____

State _____ Zip Code _____

Zip Code _____

(d)

Name _____

Street Address	City
----------------	------

City _____

State _____ Zip Code _____

Zip Code _____

(Add additional lines if necessary)

7 [] Check this box only if one or more of the members of the company are to be liable for its debts and obligations under section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.

Name of Limited Liability Company

- 8 Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.

- 9 Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.

- 10 Signature of each organizer

John Mason

Date

8/11/06

(Add Additional lines if necessary)

FILING INSTRUCTIONS

- 1 File two copies of this form, the original and either a duplicate original or a conformed copy.
- 2 If space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form, or prepare this using a computer disk which will allow for expansion of the space on the form.
- 3 This form must be accompanied by the filing fee of \$110.00 payable to the Secretary of State.

Return to Secretary of State
P O Box 11350
Columbia, SC 29211

NOTE

THE FILING OF THIS DOCUMENT DOES NOT, IN AND OF ITSELF, PROVIDE AN EXCLUSIVE RIGHT TO USE THIS CORPORATE NAME OR IN CONNECTION WITH ANY PRODUCT OR SERVICE. USE OF A NAME AS A TRADEMARK OR SERVICE MARK WILL REQUIRE FURTHER CLEARANCE AND REGISTRATION AND BE AFFECTED BY PRIOR USE OF THE MARK. FOR MORE INFORMATION, CONTACT THE TRADEMARKS DIVISION OF THE SECRETARY OF STATE'S OFFICE AT (803) 734-1728.